MAXIMUS Federal Services

Case Number:	CM14-0103237		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2009
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Addictive Medicine and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male who injured his knees on 1/31/2009 while jumping a fence during agility training. He has undergone arthroscopic surgery with a partial removal of the meniscus in 2011. In 2009 he has had a left knee arthroscopy with meniscus removal as he had progressive pain and swelling of left knee. The left knee examine particular reveals mildly restricted range of motion, patella femoral crepitus, and moderate medial joint line tenderness. He's been treated with a variety pain medications, a tens unit for his back, and a home exercise program. On 2/28/2014, was provided a hinged knee brace which could be adjusted for variable degrees of flexion. His diagnoses include lumbar disc disease, bilateral osteoarthritis of the knees, prior fracture of the calcaneus, and lateral meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2/28/14 Hinged knee brace.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee Section>, <Knee Braces>.

Decision rationale: Per the Official Disability Guidelines (ODG) knee braces may be recommended in a few situations. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Among patients with knee osteoarthritis (OA) and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. Evidence that knee braces used for the treatment of osteoarthritis mediate pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive. When knees with medial compartment osteoarthritis are braced, neutral alignment performs as well as or better than valgus alignment in reducing pain, disability, muscle co-contraction, and knee adduction excursions. Pain relief may result from diminished muscle co-contractions rather than from so-called medial compartment unloading. They should be cautiously considered as conservative management for relief of pain and stiffness and improving physical function for persons with knee osteoarthritis. Pain is a symptom of knee joint OA, and a valgus knee brace substantially reduces pain immediately upon use, and after continuous wear for durations ranging between 2 weeks and 12 months. Improvements in function have also been reported in patients with OA following valgus knee bracing for durations of between 6 months and 12 months. Although valgus bracing achieves effective unloading of the medial compartment of the knee and offers potential for improving the clinical outcome in patients with knee OA, the success of this intervention relies upon the patient being prepared to wear the knee brace continually. There is reasonable guidance from the Official Disability Guidelines (ODG) that the use of a knee brace in the context of osteoarthritis is a reasonable and conservative treatment option. Therefore, a hinged knee brace is medically necessary in this instance.

2/28/2014 Addition to knee joint, disc/dial lock fro adjustable knee flexion.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee Section>, <Knee Braces Topic>.

Decision rationale: Per the above discussion and the medical necessity of the knee brace in this case, it follows that the addition to knee joint, disc/dial lock for adjustable knee flexion is also medically necessary.